

How the Plan Works (for All Active Employees and Pre-65 Retirees)

The Plan applies to those enrolled in the Highmark Delaware and the Aetna non-Medicare health plans sponsored by the State of Delaware.

Three Copay/Coinsurance Levels/Tiers

The prescription drug program has three copay levels (tiers) for covered prescriptions. The amount you pay for your prescription depends on whether the drug is:

- A generic drug or a brand name drug, and
- On the Express Scripts Formulary (a list of drugs covered under the plan).

The prescription drug summary of benefits shows your share of the cost that applies to each tier of the prescription drug program:

- Tier one – generic drugs
- Tier two – preferred brand name drugs that are on the Formulary, and
- Tier three – non-preferred brand drugs that are not on the Formulary.

Prescription Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Up to a 30-day supply (Available at retail pharmacy or through Home Delivery)		
Tier One – Generic Drug	You pay \$8 copay	Not covered
Tier Two – Preferred	You pay \$28 copay	Not covered
Tier Three – Non-Preferred	You pay \$50 copay	Not covered
Preventive Drugs	Certain prescription drugs classified as preventive under the Affordable Care Act are covered at 100% (\$0 copay)	Not covered
Up to a 90-day supply (Available at participating retail pharmacies or through Home Delivery)		
Tier One – Generic Drug	You pay \$16 copay	Not covered
Tier Two – Preferred	You pay \$56 copay	Not covered
Tier Three – Non-Preferred	You pay \$100 copay	Not covered
Maximums		
Annual Out-of-Pocket Maximum Once your out-of-pocket prescription drug expenses reach this amount, the plan will cover 100% of your eligible expenses	\$2,100 per employee \$4,200 per family	Not applicable
Infertility Prescription Drug Maximum	\$15,000 lifetime	Not applicable

If you have questions, please contact Express Scripts Member Services at 1-800-939-2142 or Statewide Benefits Office at 1-800-489-8933.